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Date: January 4, 2005

To: Examiner Patrick F. Brinson Art Unit: 3752
USPTO

Facsimile: 703-872-9306

Telephone:

From: Streets & Steele
Debi Labay

Our Deposit Account Log No.: 0101
Our Ref: ALLEN/0002

Pages: 3 (with cover)

Message:

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I hereby certify that this correspondence is being facsimile on the date below:	
1/4/05 Date	<i>Debi Labay</i> Signature

Attached please find the following document for the above referenced patent application:

- 1) Transmittal Form; and
- 2) Request for Withdrawal as Attorney or Agent and Change of Correspondence Address.

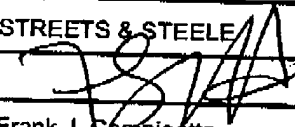
CONFIDENTIALITY NOTE

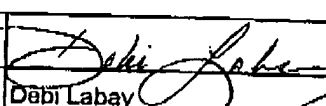
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/675,176	
	Filing Date	September 30, 2003	
	First Named Inventor	John R. Allen	
	Art Unit	3752	
	Examiner Name	Patrick F. Brinson	
Total Number of Pages in This Submission	2	Attorney Docket Number	ALLEN/0002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax coversheet
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	STREETS & STEELE	
Signature		
Printed name	Frank J. Campigotto	
Date	January 4, 2005	Reg. No. 48,130

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Debi Labay
Date	January 4, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/675,176
Filing Date	September 30, 2003
First Named Inventor	John R. Allen
Art Unit	3752
Examiner Name	Patrick F. Brinson
Attorney Docket Number	ALLEN/0002

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

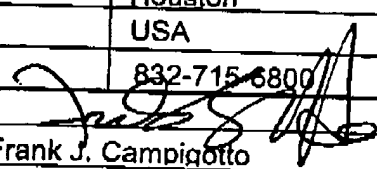
Applicant has instructed attorney not to prosecute the application until receipt of instructions, but the inventor is non-responsive to requests for instructions, thereby making it unreasonably difficult for attorney to carry out the employment effectively.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	John R. Allen				
Address	10310 Hondo Hill				
City	Houston	State	TX	Zip	77064
Country	USA				
Telephone	832-715-6800		Fax		
Signature					
Name	Frank J. Campigotto		Registration No.	48,130	
Date	January 3, 2005		Telephone No.	713-939-9444	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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